



NEWS RELEASE

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Scarlet fever deserves respect, not fear

MANNHEIM, Germany – Scarlet fever. It once was a childhood disease that annually killed thousands in the United States. But today's strains aren't nearly as aggressive and can be treated relatively easily, said the Army's top pediatrician in Europe.

Dr. (Lt. Col.) Robert A. Smith, Europe Regional Medical Command's pediatric consultant and commander of the Mannheim health clinic, said parents no longer have to face the same fears of the disease that, perhaps, their grandparents did.

"It (the bacteria that causes scarlet fever) used to be a very virulent disease that caused more complications," Smith said. "The strains now don't seem to be nearly as dangerous."

Scarlet fever is caused by the Group A streptococcal bacteria that cause the more common "strep throat." But with scarlet fever, the bacterium creates a toxin that attacks skin cells, causing them to turn red. It is distinguishable by a red rash that begins around the throat and on the chest that, if untreated, spreads rapidly to the trunk and extremities.

"It's a treatable disease because it responds well to penicillin," Smith said. "We've seen about the average number of cases this year – I haven't seen a lot of it. But, parents should be aware of the disease and become familiar with the symptoms."

He said a child coming down with the fever will likely feel sick and complain of a sore throat and headaches. Other symptoms include the rash, which begins to develop after about 24 hours, and nausea and vomiting. Children between two and 12 are most susceptible to contracting the disease. He said it was rare for preschoolers to get it, and older children have built up a partial immunity to it.

"About 10 percent of children who come down with strep throat will develop scarlet fever," Smith said. He said the number fluctuates, too. "It comes and goes. Some years it's 10 percent, some it's 20."

Once doctors diagnose a child with the disease, the treatment consists of fever reducers, like ibuprofen or Tylenol, and a 10-day regimen of penicillin. Smith said the penicillin should be taken all ten days, until it is used up. Parents should also remember not to share medications with others in the family, or stop giving the doses just because the child feels better.

“After treatment begins, a child will begin to look and feel better after two or three days. They can return to school after they’ve been taking the penicillin for 24 hours,” he said. “It’s not like chicken pox, where the parents have to keep the child home for 10-14 days.”

He did urge parents, though, to take the disease seriously and get treatment for their children.

“If a child complains of being sick, it’s usually because they are,” Smith said. “They’re not like adults who have been known to claim illness to get out of going to work. If children are sick, they’ll let you know.”

He said parents can teach their children some basic personal hygiene tips, like washing hands, coughing or sneezing into a tissue or the crook of an elbow, and maintaining a proper diet. The bacterium behind scarlet fever is spread by coughing and sneezing, he said.

“People get things from people,” Smith said. “If everyone stayed home, we’d be fine. But since we do go out and interact with others, we just need to be aware of the illnesses out there, and seek treatment when the first signs of something appear.”